## COMMONWEALTH OF MASSACHUSETTS

## **AA F**ORM

APPROPRIATION TRANSACTION FORM					PARTME	( & ORGANIZATION ) NAME				OF 2	
	<	DOCL	IMENT ID	>		7					
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DE		Т		NET APPROP	RIATION	AMOUNT INC/DEC	N	ET ESTIMATED RECEIPT AMOUNT	INC/I	INC/DEC	
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	LINE	ACTION	ACCOUN	T NUMBER	SUB	ACCOUNT NAME			TYPE		
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	_	PREPARED BY:		TITLE: MENT HEAD HEREBY MAKES THE CERTIFICATIONS PRINTED ON PAGE 2 OF THIS FORM.					DATE:		
DED	ADTMEN	T HEAD ADDROVAL		MENT HEAD HER	REBY MAI	KES THE CERTIFICATIONS  TITLE:	PRINTED ON PAGE 2	2 OF THIS FORM.	DATE:		
DEPARTMENT HEAD APPROVAL: BUDGET APPROVAL:						IIILE:			DATE:		
ENTERED BY:									DATE:		

PLEASE REFER TO CHAPTER 4 OF THE MMARS PROCEDURES MANUAL FOR INSTRUCTIONS ON FORM COMPLETION AND PROCESSING.

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TRANS <b>AA</b>	DEPT	R/ORG	NUMBER						

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IN APPROVING THIS APPROPRIATION TRANSACTION BY SUGNING THE FRONT OF THIS FORM, THE DEPARTMENT HEAD IS CERTIFYING AS TO:

- \* THE ACCURACY AND COMPLETENESS OF THE EXPLANATION PROVIDED FOR EACH REQUESTED APPROPRIATION TRANSACTION; AND
- \* THE DEPARTMENT'S COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS GOVERNING THE REQUESTED TRANSACTION.

**EXPLANATION**